



**YOUTH COMMUNITY CORRECTIONS BUREAU  
GREAT FALLS YOUTH TRANSITION CENTERS  
STANDARD OPERATING PROCEDURES**

Procedure No.: YTC 120-1	Subject: <b>MEDICAL PROGRAM ADMINISTRATION</b>
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Applicable ACA Standards: 3-JCRF-4C-01, 3-JCRF-4C-03, 3-JCRF-4C-13, 3-JCRF-4C-16, 3-JCRF-4C-25	Revision Date:
Signature: /s/ <i>Kenneth McGuire</i>	Effective Date: 01/01/10
Signature: /s/ <i>Steve Gibson</i>	

**I. CENTERS DIRECTIVE:**

Provisions shall be made for written agreements with a licensed general hospital, clinic or physician, and dentists to provide residents with routine emergency services on a 24-hour-a-day basis. There shall be written emergency medical back-up plans, which will be communicated to all staff. At least one staff member certified in CPR and first aid shall be on duty each shift. First Aid kits shall be approved by a recognized health authority, and an inventory system for replenishing supplies shall be implemented. This procedure will be reviewed annually.

**II. DEFINITIONS:**

**Emergency Care** - Care for an acute illness or unexpected health care need that cannot be deferred until the next business day. Emergency care shall be provided by local ambulance service, and/or outside hospital emergency room.

**Outside Hospital** - Any licensed hospital or clinic located outside the perimeter of the facility.

**CPR** - Cardiopulmonary Resuscitation taught by the American Red Cross or other approved sources. Includes mouth-to-mouth breathing, one- and/or two-rescuer care for a conscious or unconscious choking victim, and respiratory emergencies.

**III. PROCEDURE:**

- A.** A training program shall be established by the facility's centers director or designee in cooperation with local health authorities. Resident care workers and other staff are to be trained to respond to health-related situations. Training shall include the following:
1. Recognition of signs and symptoms and knowledge of action required in emergency situations.
  2. Administration of first aid and cardiopulmonary resuscitation. All staff who may be alone with residents on any shift shall obtain and maintain current certification for both before being allowed on a shift by themselves.
  3. Methods of obtaining assistance, including emergency medical back-up plans.
  4. Signs and symptoms of mental illness, low functionality, chemical use and/or dependency.

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5. Procedures for resident transfers to appropriate medical facilities or health care providers.
- B.** The facility shall provide access to 24-hour emergency medical and dental care as outlined in a written plan and agreement, which shall include arrangements for the following:
1. Emergency transportation by ambulance when necessary. Staff transportation when an ambulance is not necessary.
  2. Use of hospital emergency rooms or other appropriate health facilities
- C.** Youth Transition Centers requires a physical exam within three months before intake. Medical information for each juvenile will be obtained by assigned intake personnel at, or as soon after, admission, as possible.
- D.** A notation shall be made on the medical screening form as to the resident's disposition, such as prompt referral to a health care service; need for attending next available clinic; and/or intake into the centers.
- E.** All of this information will be included in the resident's case record.
- F. Medical Consent**
- A medical consent authorization from each resident's parent, guardian, or committing authority shall be sought as a part of the admissions process, with the basis for consent being noted in the resident's case record.
- G. Hospital Transfers (Emergency and Nonemergency)**
1. Non-emergency transfers to a local hospital shall be made only with authorization of a licensed health care provider. No transfers shall be initiated without prior communication between the licensed health care providers, in accordance with the following guidelines:
    - a. Whenever possible, nonemergency in-patient care and specialty consultations shall be arranged at least one week in advance.
    - b. The central facility log shall list the scheduled hospital and clinic trips for the week with the facility director, program manager, or designee arranging transportation.
    - c. Referral to a hospital or other medical facility shall be made at the discretion of a licensed health care provider.
  2. Emergency

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- a. Staff training and judgment of presenting symptoms will determine necessity for emergency care.
  - b. If emergency care is determined necessary one staff member will remain with the youth while another staff member contacts 911.
  - c. When ambulance transport is required, arrange for staff to accompany the resident.
  - d. While youth remains in emergency room, staff member will be on site.
3. When admission to a hospital is accomplished, the hospital's medical staff must monitor the patient's condition and arrange for the return of the resident to the facility or his or her transfer to another hospital as soon as feasible.

#### **H. Attempted Suicide**

On discovery of an attempted suicide, the following actions will be taken by staff to assess and treat injuries:

1. If a self-inflicted injury is of such a serious nature that the life of the resident is in danger, immediately request an ambulance.
2. If the resident has sustained noticeable injury or if the resident shows symptoms of having swallowed a poisonous substance, immediately administer first aid, request an ambulance, and contact poison control.
3. While administering first aid, if possible, another staff member or resident shall immediately notify the emergency medical ambulance service.
4. If the resident can be moved without imperiling his or her life further, move him or her to a private room and make him or her as comfortable as possible. Reassure the resident by being attentive and caring, and keep constant and close observation pending arrival of the ambulance.
5. If the resident cannot be moved, make sure the resident is protected and comfortable, and then move any other residents out of the immediate area.
6. Notify the facility director.
7. Regardless of the seriousness of the attempt (attempts include cases where a resident is discovered making the arrangements), notify the contracted mental health staff by telephone as soon as possible. If conditions are such that the staff member is unable to do this within a reasonable length of time, request that another staff member do this.

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8. In all of these cases, keep the resident under constant and close observation, pending arrival of the mental health staff.
  - a. All recommendation of the mental health staff shall be complied with.
9. Notify the resident's parents/legal guardian by telephone.

#### **I. Disaster Plans**

A physician and facility director shall prepare a disaster plan that is compatible with DOC emergency operation plans. It shall include provisions for the following:

1. Emergency evacuation of residents (refer to 80-2)
2. Facility director or designee will have communication with medical personnel
3. Staff supervision in disaster or emergency situations will follow the established chain of command.

#### **J. Location and Content of First Aid Kits**

The facility director or designee will examine first aid kits and make periodic (at least weekly) inspections of the contents and locations of the kits.

1. First aid kits shall be placed in each of the centers residences and be accessible to correctional officers.
2. At a minimum, each first aid kit shall contain the following:
  - a. Non-Latex Gloves
  - b. Rolled gauze
  - c. Non-Latex Sponges
  - d. A triangle bandage
  - e. Non-Latex Band-aids
  - f. Instruction materials or information for first aid
  - g. Salves and medication approved by a recognized health authority
  - h. Antiseptic lotion
  - i. Note paper and pencil
  - j. Blunt end scissors, safety pins, and tweezers
  - k. Ammonia inhalant
  - l. CPR masks
3. The contents, location, and use of first aid kits shall be reviewed annually by the facility director or designee at the time of the annual review of this procedure.

#### **IV. CLOSING:**

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Questions concerning this procedure shall be addressed to the Youth Transition Centers Director.

**V. REFERENCES:**

None

**VI. ATTACHMENTS:**

YTC 120-1 (A) Medical Consent Form  
YTC 120-1 (B) YTC Medicaid List  
YTC 120-1 (C) First Aid Inventory Sheet